

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 07, 1999 8:00 am
Secretary of State

04-07-1999 90075 008 ***150.00

DOCUMENT # P98000014901

1. Corporation Name

HARMONIC CONVERGENCE CORPORATION

Principal Place of Business

**819 S. FEDERAL HWY. STE. 106
STUART FL 34995**

Mailing Address

**819 S. FEDERAL HWY. STE. 106
STUART FL 34995**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/13/1998

4. FEI Number

65-0822094

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 525 Camden Avenue
Suite, Apt. #, etc.

2a. Mailing Address

26 525 Camden Avenue
Suite, Apt. #, etc.

City & State

23

City & State

28

Zip Country

24 34994

25

Zip Country

29 34994

30

9. Name and Address of Current Registered Agent

**PAWLUC, SONIA M
819 S. FEDERAL HWY. STE. 106
STUART FL 34995**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
525 Camden Avenue

83

84 City

FL

85 Zip Code
34994

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE

D

☐ DELETE

NAME

Pawluc, Sonia M.

STREET ADDRESS

9650 S. Ocean Dr., #1404

CITY-ST-ZIP

Jensen Beach, FL 34957

TITLE

D

☐ DELETE

NAME

Brodie, Lawrence P.

STREET ADDRESS

6721 S.E. Harbor Circle

CITY-ST-ZIP

Stuart, FL 34996

TITLE

D

☐ DELETE

NAME

D

STREET ADDRESS

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CITY-ST-ZIP

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TITLE

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☐ DELETE

NAME

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STREET ADDRESS

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CITY-ST-ZIP

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TITLE

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☐ DELETE

NAME

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STREET ADDRESS

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CITY-ST-ZIP

D

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Sonia M. Pawluc
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/99
Date

(561) 221-0110
Daytime Phone #

CR2E034 (1/1/98)

0514862